DOCUMENT # L0000000339					FILED			
Entry Name					01 APR -4	AH 7: 57		
APDIVERS, LLC					SECRETARY	DE STATE		
Principal Place of Business Mailing Address					SECRETARY TALLAHASSE	E FLORIDA		
3551 HERON DRIVE SOUTH 3551 HERON DRIVE SOUTH								
JACKSONVIL	LE BEACH FL 32250	JACKSONVILLE BEACH	FL 32250					
		1						
2. Principal F	Place of Business	3. Mailing Address			# # ## ################################	1888, 80007 00011 00114 00180 1411	90 (1116 1611 1601	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI (Number	} - +	pplied For	
Zip Country		Zip Country		5 Cort	ificate of Status Desired	□ \$5.00 A	lot Applicable	
-	6. Name and Address of Current	Registered Agent	1		e and Address of New F	Fee Require		
			Name			,		
BOND, C. GUY ESQ.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	ON, BOND & LATSHAW, P.A. UTH THIRD STREET	İ				- :		
	WILLE FL 32250	· }	City			FL Zip Coo	e	
8. The above	named entity submits this statement for	r the purpose of changing it	ts registered office or regi	stered agent,	or both, in the State of Fig	orida.		
SIGNATURE .		. !						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent signature req	uired when reinstat		DATE		
			NOW!!! FEE IS \$50.0 Payable to Departmen		1010101015 -04/1 ****	8 99546 0 2/0101125- *50.00 *****	-004 *50.00	
9.	MANAGING MEMB	ERS/MEMBERS	10.		ADDITIONS			
TITLE	MGR	Delete	TITLE			☐ Change	☐ Addition §	
NAME Street Address	White, Robert T 3551 Heron Drive South	1	NAME STREET ADDRESS			,		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 3225	i0	CITY-ST-ZIP TITLE	: .		☐ Change	Addition S	
TITLE NAME		Delete	NAME			Change	C ADDITION	
STREET ADDRESS CITY-ST-ZIP		i I	STREET ADDRESS CITY-ST-ZIP	•				
TITLE		□ Delete	TITLE	-	*	Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME	, :	∫ □ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		<u>(</u> !	STREET ADDRESS . . CITY-ST-ZIP					
TITLE (2) The		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-S1 ZIP			CITY-ST-ZIP			<u> </u>	`	
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		∳ !	STREET ADDRESS CITY-ST-ZIP					
	ertify that the information supplied with	this filing does not qualify for	1 1 1	Section 119.	07(3)(i), Florida Statutes.	I further certify that the i	nformation	
limited liai	sertify that the information supplied with on this report is true and accurate and bility company or the receiver of trustee	empowered to execute this	report as legal effect as report as legalired by Ch	ii made unde apter 608, Flo	r oatri; that I am a manag orida Statutes.	ging member or manage	er of the	
CICNIAT	UDE. X S/AND	LEY CONT			•	<i>:</i>		
SIGNAT	V —	SIGNING MANAGING MEMBER, MA	ANAGER, OR AUTHORIZED REPR	ESENTATIVE	Date	Daytime Phone #		

Date

Daytime Phone #